

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 11 1942

Registration District No. 117

Primary Registration District No. 5767

Registrar's No. 10

1. PLACE OF DEATH: Camden
(a) County: Camden
(b) City or town: Camden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community: 1 yr
years, months or days

3. (a) PRINT FULL NAME: Charles Eimer Ervin Cook
3. (b) If veteran, name war: No
3. (c) Social Security No.:

4. Sex: male
5. Color or race: wht
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: 29 years
7. Birth date of deceased: Dec. 29 1883
(Month) (Day) (Year)

8. AGE: Years 37 Months 11 Days 15
If less than one day hr. min.

9. Birthplace: Adair Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: shoe color

11. Industry or business: Retired

12. Name: Charles Cook

13. Birthplace: Athens Ohio
(City, town, or county) (State or foreign country)

14. Maiden name: Myrtle Elizabeth Mann

15. Birthplace: Athens Co Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant: Melville Iowa Cook

(b) Address: Camden Mo

17. (a) Burial (b) Date thereof: 12-16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Roach Cemetery

18. (a) Signature of funeral director: Banksen Woodbury

(b) Address: Camden Mo

19. (a) Feb 9 1942 (b) Latonia Hodge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Camden
(c) City or town: Camden
(If outside city or town limits, write "RURAL")
(d) Street No.: Ken Del.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: Dec day: 14
year: 1941 hour: 11 minute: 50 P.M.

21. I hereby certify that I attended the deceased from Dec 14 1941 to Dec 14 1941
that I last saw him alive on Dec 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal Obstruction
Duration: 40

Due to: No

Due to: No

Other conditions: No

Major findings: No

Of operations: No

Of autopsy: No

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury: No

Signature: E. E. O'Leary M. D.

Address: Camden Mo Date signed: 2-9-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Abbie Banksen Wooler

Licensed Embalmer No. *2488*

P. O. Address *Camden, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.